H

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6726 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06702

										Reg.	Dist. N	0.	
1.	PLACE OF DEATH	orchester			MARY	LAND	2. USUAL RESIDENCE (a. STATE Maryl			stitution: Res			ission)
	b. CITY OR TOWN and give nearest to Toddy	It outside corporate limits, write wnj 111e	RURAL	-	NGTH OF STAY	IN 1b	c. CITY OR TOWN (I		rporote limits, v	rite RURAL (and give	nearest to	wn)
	d. NAME OF HOSP	ITAL OR INSTITUTION (I	f not in l	hospital, g	give street addres	s)	d. STREET ADDRESS					ON	RESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Fin Geor		W.	Middle Abbott		Lost	4. DATE OF DEATH	, N	onth	Doy 1		Year 19 59
5.	SEX	6. COLOR OR RACE	7. MAR	RIED	NEVER MARRIED	8.0	DATE OF BIRTH		9. AGE In yea	IFUND	ER TYEAR	IF UND	ER 24 HRS.
	M	W		VED TH	DIVORCED		7/4/1877		lost birthday)	Months	Days	Hours	Min.
100	. USUAL OCCUPAT	TION (Give kind of work or king life, even if retired)	ione 10b		food	INDUSTRY	Deals Isl		country)		US.		COUNTRY
13	. FATHER'S NAME						14. MOTHER'S MAIDEN	NAME					
	George	W. Abbott					Louisa We	ebster					
15		VER IN U. S. ARMED FO		6. SOCIA	L SECURITY NO.		ormant urman Abbot	t, T	odd vill		<u>a W</u>		
	18. CAUSE OF DE	ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per lir		(b), ond (c).]	clus	ion				INTE	RVAL BETWEET AND DE	
CATION	Conditions, if gove rise to imm (o), stoling the couse lost.	any, which (b)	DITIONS	CONTRIB	UTING TO DEATH	H BUT NO	IT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION	GIVEN IN P	ART 1(a)		AUTOPSY ORMED?
CERTIFICATION	20g. EXTERNAL CAPRIMARY OF CO	ONTRIBUTING	b. DESCR	IBE HOW	INJURY OCCUR	RED. (Ent	er nature of injury in Po	rt I or Part II	l of item 1B.)				
MEDICAL	20c. TIME OF INJ Hour o. m p. m		WI	hile	OCCURRED 20 Not white of work	le. PLACE factory	OF INJURY (Home, form, street, office bldg., etc.	m, 20f. (Cit	y or town)	(0	County)		(Stote)
	Control of the contro	that I took charge d from: Natural		-			e, held an Autop de, Homicid		nspection and and attention attention and attention and attention and attention attention and attention attention and attention at		iry [, and	find tha
	ACTUAL SIGNATURE	Jour	22	20	- cy	2	M.D. CHIEF MEDICAL E					DATE	SIGNED
	EXAMINER'S NAME (Type)	John Mac	e Jr	•			DEPUTY MEDICAL				6/1	/59	
220	BURIAL CREMATI		195		ION CHUR		REMATORY EMETERY		NDRIMS	vn, or county MARYL		(Stol	•)
23.	LECOMPTE		VICE		MBRIDGE	MA	RYLAND DATE	D JA SEGR	TRAR59 24b. R	EGISTRARIS	SIGNATU	RE	

VS. A15ME(5) 5M 9/55

ALT PROPERTY. tocadi the bearing section. Tribas Lity 10 1 Condon Francis . THE PROPERTY AND THE RESERVE OF THE PARTY OF Of the State of th This see the filler

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06703 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. Na. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY g. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON AFARM? YES NO NAME OF 4. DATE First Middle Month Last Day DECEASED (Type or print) DEATH 19 4. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months MIn. Hours WIDOWED | DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of warking life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not while 23-19.3 of work at work p. m. Inspection Inquiry and find that

ACTUAL

SIGNATURE

5. SEX

21. I certify that I took charge of the remains described above, held on Autopsy 1

deoth resulted from: Notural couses],

Suicide

Homicide . Undetermined couse

EXAMINER'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR GREMATORY

DEPUTY MEDICAL EXAMINER A 22d. LOCATION (City, town, or county) (Stote)

DATE SIGNED

VS. A15ME(S) 5M 9/55

forwarded FUNERAL

0

riling the

se Ch

cremation,

should

0 0

6 CA

0

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Accident

24g. REC'D BY REGISTRAR

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

24b, REGISTRAR'S SIGNATURE

DATEJUL

arthur & Krous

- 4 m mental Sufficiency Committee of Logica Account America Section of the State Section. White Street Commence of the C I think with

death. Page 4

within 24 haurs

with

ry filled in by the funeral director, Pages 1 and 2 should be filed with

pappers.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items & Film G 244 7/8/59 cap CERTIFICATE OF DEATH

116704

6711

	1 上前 (元/山/一//16/59-南b Keg. Dist.	No.
1. PLACE OF DEATH o. COUNTRICHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATAND b. COUNTY DORCH	
b. CITY OR TOWN (If outside corporate limits, write RUMI ON Silve Crast town) LTFE CAMBRIDGE	c. CITY OR TOWN (If autside corporate limits, write RURAL and giv	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION TREET	d. STREET ADDRESS OAKLEY STREET	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED First Middle BARKLEY (Type or print) ELLEN BARKLEY	Lost 4. DATE Month OF DEATH JUNE 30	Day Year
5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1/11/10/01	YEAR IF UNDER 24 HRS. Dys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRY GOODS S	USTORE MARYLAND 12. CITIZE USA	N OF WHAT COUNTRY?
13. FATHER'S NAME WILLIAM F BARKEEY	14. MOTHER'S MAIDEN NAME AYMADA/RURAK AMANDA RUARK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 214 07 7653	INFORMANT Address MRS ELLA WALTER CAMBRIDGE MARY	LAND
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	remia	INTERVAL BETWEEN ONSET AND DEATH 3 days.
Conditions, if any, which gove rise to immediate cause (a), stating the under lying couse lost. DUE TO Arteriosclero (b) Arteriosclero (c)	tic Cardio-renal disease	?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	f not related to theterminal disease condition given in part 1	(a) 19. WAS AUTOPSY PERFORMEDS YES NO
	ED. (Enter nature of injury in Part I or Part II of item 18.)	
	LACE OF INJURY (Home, form, 20f. (City or town) (Country, street, office bldg., etc.)	unty) (Stole)
21. I certify that I attended the deceased fram June 2 alive an June 30 , 19 59 , and that death	h accurred at 4 A M, from the causes and on the causes are caused as a cause of the causes and on the causes are caused as a cause of the cause of th	saw the deceased date stated abave. DATE SIGNED 6/30/59
PHYSICIAN'S John Mace Jr.	Cambridge, Md.	
226. BURIAL, CREMATION, 22b. DATE THEREOF JULY 2, 1959 DORCHESTER M	DR CREMATORY DEM. PARK 22d. LOCATION (City, town, or county) CAMBRIDGE MARYLA	ND (Stote)
23. FULECOMPTE FUNERAL SERVICE CAMBRIDGE	MARYLAND 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATE JUL 6 '59 Curling & A	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed may be retain by the haspiter attending physician.

TO FUNERAL DIRECTOR: After the criticate has been signed by the attending physician and camping page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages the registrar prior ta burial, cremation, ar remaval, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VS A15 (4) 15M 9/58

ARE THE WEST AND THE STATE OF THE WORLD WITH THE STATE OF	Z CHILIYSAM
	11/3
about the state of	7 3000 17 .0
	THE STATE STATE
or comps. Several regarded to the comps.	of Page 19 Steels
THE REPORT OF A PERSON APPEARS OF THE PERSON	TATAL T DATATE
OF YOUR HOUSE DATES CARRESTON MARKAN	To the state of the state of
. week E	
to casesia lanes-cibrat nitorelezater	
June 23 55 June 30, 50	THE PARTY OF THE P
	Star Killian Kana
Cantellor, H., Cantellor, H.,	. The south mind Name of the
district source up : with all securious	one is the line of the same
TEASURE SPORTED	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6712 CERTIFICATE OF DEATH 09027

	Reg. Dist. No.
1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ARYLAND
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and Give nearest town) PLISTON C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) PLISTON C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Eastern SHOZEST. HOSE, d. STREET ADDRESS ON A FARM? YES \(\) NO \(\)
3.	NAME OF DECEASED LILLIAM - COLLINS 4. DATE Month Day Year OF DEATH JUNE 47 1959
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 155/881, 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hg.S. Manihs Days Hours Min. 7. Married Never Married Divorced Tec. 155/881, 7. Manihs Days Hours Min. Min.
	D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lancashire, England. CL. 5, H.
13	JOHN Vernon Hoool. Mary Ann.
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & Address & Address & Hospital
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), stoling the under-lying couse lost. DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH. SEU YZS. Conditions, if any, which gave rise to immediate cause (a), stoling the under-lying couse lost.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CHY, BY, SY NOW OBSOLO WITH SEMELE BY, O, WITH BY, YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part It of item 18.) 200. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. ft. p. m. 20d. INJURY OCCURRED While Not while at work
	21. I certify that I ottended the deceased from 2/24, 1959, to 6/27, 1959, that I last sow the decease alive on June 27, 1959, and that death occurred of 7:14PM from the couses and on the date stated above ADDRESS (street, city or town, state) ACTUAL SIGNATURE SIMON VIVILLY M.D. & S. S. HOS SITAL, Cambridge Ud. 6/20
	PHYSICIAN'S SIMON VIZKULIS, M.D. (63.5. 1705) SICAL, COMBERGIO, Mol. 6/29
L	BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or caunty) (State)
23	FUNERAL DIRECTOR'S STENETURE OF STENETURE ANDRESS PLANT OF THE DATE OF THE PARTY OF

	HITASO TO STADIFICATE OF OBATH
医 阿里克斯氏征	DELENT SIGNAL VALUE STATE OF THE REPORT OF THE
	THE THERE BY COLUMN SET THE PROPERTY OF THE PARTY OF THE
	e Pyr Common Com
	The second se
La Company	
March Charles of Add	

FOR STATE HEALTH DEPT.

sory, please ctor. Page your files. N. if any delay is not the funeral in the funeral in the State Bo bours ofter death. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. execute the conficate, writing word "pending" in pencil in Item, 18. Give Pages 1, 2, and 4 should be a parded to the F Medical Examiner's Office along with form PM3. Page 5 to FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 or its designated agent, prior to burial, cremation, ar removal, and in any event within 72, bag.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6713 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06705

	Keg, Dist	. No.
1. PLACE OF DEATH o. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Doro	
b. CITY OR TOWN If outside corporate limits, write RURAL on give nearest town Cambridge c. LENGTH OF STAY IN 1b 62 Yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Cambridge Hospital	d. STREET ADDRESS Edlon Park	e. IS RESIDENCE ON A FARM? YES NO M
3. NAME OF First Middle OECEASED (Type or print) Buena Brinsfield Co	ook 4. DATE Month of DEATH June 28	Doy Yeor 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	YEAR IF UNDER 24 HRS. Bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own home	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	S .A .
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas Brinsfield	Harriett McAllister	
[Yes, no, or unknown] [If yes, give war or dates of service)	Brinsfield Cook , Cambridge	, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary	embolus	enterval between onset and offain 20 Min.
gove rise to immediate couse (a), stating the underlying couse last. (c)	eck r. femur. NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	10 days.
TI CATE		PERFORMED?
	(Enter noture of injury in Port I or Part II of item 18.)	
Hour g. m. While Not while	ACE OF INJURY (Home, form, 20f. (City or fown) (Count clory, street, office bidg., etc.) OME Cambridge Do	y) (Stote) or Md.
21. I certify that I taak charge of the remains described about apinion death resulted fram: Natural causes . Accident	ave, held an Autapsy 🔀, Inspectian 🔲, Inquiry	
ACTUAL Journ June	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
examiners John Mace Jr.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	6/29/59
220. BURIAL, CREMATION, 22b. DATE THEREOF PREMOVAL (Specify) 6/30/59 East New Me		(State)
23 ECHERAL DIRECTOR'S AGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	AJURE
Coult X Sirul Cambridge,	Md. DATE JUL 2 '59 arthur &	Thank

ASTER SO. at the transfer of the second model to sell out of the selection of . in the restriction of the standard of the st 152 A C THE PROPERTY OF SECURITY BANGALINES Min distriction from the control of THER SHEET SEPTEM WAS THEE

067

ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6714 CERTIFICATE OF DEATH

06706

1. PLACE OF DEATH O. COUNTY DOTChester MARTANO D. COUNTY DOTChester MARTANO D. STATE MARTANO Cambridge Few Days A STATE A STATE MOUNT (if onlinds corporote limit, write RUBAL and give necessal town) Cambridge MARTY I and Cambridge MARTY I and Mounth Day Very Cambridge Mounth Day Very DATE Mounth DATE Mounth Day Very DATE Mounth PART IL DEATH WAS AUGUSTATION (Give laid own de done) BUSINESS OR INDUSTRY II. BISTRINGS OR Grigge country) MODE LE ANDRESS MADEON NAME LA MOTHER'S NAME LA		UILX	CERTIFIC	AIL OI	DLAII			Reg. Dist. N	0.	
DOTChester DOTChester NURS I do in the composite limits, wire in clent of the composite limits, wire RUBAL and give necess from NURS and give nece	1. PLACE OF DEATH			2. USUAL F	RESIDENCE (Wh	ere deceased live		Residence be	fare admis	sion)
RUAL COT UP A FORM CAMBED PROPERTY AND HOSPITAL BETWEEN NAME CONCERD FOR WAS AUTOPSY FEST ON CAMBON TO COMPETE THE ONLY AND CAMBON TO COMPETE THE ONLY AND CAMBON TO C			I.		Mary	land	D. COOKIT	Dorch	este	er
d. STREET ADDRESS of STREET ADD				c. CITY			limits, write RUI	RAL and give n	earest taw	m) 🗸
Cambridge Maryland Hospital 3. NAME OF First Middle Davis Shirley Davis			Few Days	X		m				
20. MANE OF DECEASED BY Shirley Middle Davis 4. Date Davis Jean House Davis Server Marked Davis 10. Davis 1. Davis Jean House Davis 1. Davis Davis Davis Davis 1. Davis	OK INSTITUTION			d. STREE	T ADDRESS				ON	A FARM?
Specified Shirt Specified Shirt Specified		ridge Maryla	nd Hospital	11					YES	I NO M
5. SEK 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. DATE OF BIRTH 9. AGE (In year) If UNDER LYCARD IT UNDER 22 HES. 100. USUAL OCCUPATION (Give Mind of works done) 100. WINDAY OF THE PROPERTY OF THE PROPER				Danes		OF			Day	
DIVORCED Aug. 19, 1953 Styrindorf Doys Hours Min.			a.L						4,	
DIODUSTATO COLUMNO AGENCY COUNTRY DO. USUAL OCCUPATION GIVE what of work done 100. USUAL OCCUPATION GIVE WHAT COUNTRY 100. USUAL OCCU	D. SEX	6. COLOR OR RACE /. M.		B. DATE OF E	SIRTH	9. 1				
Dorchester County, Md USA		110810			19, 1	953	5 yrs.			
13. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO (17. INFORMANT	during most of wor	king life, even if retired)	06. KIND OF BUSINESS OR INDI	JSTRY 11. BIRT	HPLACE (State of			12. CITIZEN	OF WHA	T COUNTRY
Claudel Davis S. WAS DECEASEDEVER IN U. S. ARMED FORCES? I'M. No. or withstoon) I'M. University of the state of winder of w		ne	None				nty, Md	I	ISA	
15. WAS DECEASED EVER IN U. S. ARNED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address [17. No. or without) [13. FAIHER S NAME	<i>a</i>		14. MOTH	ER'S MAIDEN N					
Tits. to a whitemaph Tits					A	gnes				
18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c):] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate covere (a), staining the under lying course lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ON CONTRIBUTING DAY AND CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ON CONTRIBUTING DAY AND CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ON CONTRIBUTING DAY AND CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTING DAY AND CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTING DAY AND CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTING DAY AND CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTING DAY AND CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TO CONTRIBUTE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT			16. SOCIAL SECURITY NO. 17.	INFORMANT			Addres	15		
PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cotise (b). DUE TO Conditions, if ony, which gove rise to immediate cotise (b). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? PART II. OTHER SIGNIFICANT CONTRIBUTION GOVERN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? PA	No		None (laude	1 Davi	s. Sal	em. Ma:	ryland		
DUE TO Conditions, if ony, which gave rise to immediate covere (a), stating the under lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CONTRIBUTING TO AUTOPSY PERFORMED? OR CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF COURSE OF COURSE. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF COURSE	18. CAUSE OF DE	ATH [Enter anly ane cause pe	r line for (a), (b), and (c).]	Λ				IN	TERVAL B	ETWEEN
DUE TO Conditions, if ony, which gave rise to immediate covere (c), staling the under-lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PERFORMED. P	PART 1. DE	ATH WAS CAUSED BY:	Undetermin	cel				Or		
gave rise to immediate codes (a), stating the under. If ying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES DO	108X								0 000	7-
gave rise to immediate cotts (a), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES (C) OR CONTRIBUTING CAUSE OF DEATH III. OF ITEM III. OF ITEM III. OF ITEM III. OR CONTRIBUTING CAUSE OF DEATH III. IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While of work of twork of twork of twork of twork of twork of two ork of	Conditions, if o	ony, which)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES D'NO 20a. ACCIDENT WAS UNDERLYING DICAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. While Not while of work doctory, street, affice bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work doctory, street, affice bldg., etc.) 21. I certify that I attended the deceased from 6.7. 19.9.7., ta 6.7.4. 19.9.7., that I last saw the deceased alive an 6.7. 19.9.7., and that death occurred at 3.7. P.M., from the causes and an the date stated above ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE HILLON M. WILSON 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d/OCATION (City, lawn, or county) (State) PHYSICIAN'S NAME (Type) Salem Cemetery Dorchester County Md. 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY DOrchester County Md. 22a. BURIAL, CREMATION. 22b. DATE THEREOF Salem Cemetery Dorchester County Md. 22b. DATE SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE	gave rise to i	immediate (
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? Out of sy funding S Compatable with Ricketts and Juleane 19. 20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year While Not while of work of the other of		me under-						ALE		
20c. TIME OF INJURY Month, Day, Year Hour a.m. P. m. 21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 22. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMATION. 220. BURIAL CREMATION. 221. I certify that I attended the deceased fram. 222. NAME OF CEMETERY OR CREMATORY PHYSICIAN'S NAME (Type) BURIAL CREMATION. 222. NAME OF CEMETERY OR CREMATORY PHYSICIAN'S SIGNATURE 223. BURIAL CREMATION. 224. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS 224. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PART II. OT		IS CONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	19. WAS	AUTOPSY
20c. TIME OF INJURY Month, Day, Year Hour a.m. P. m. 21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 22. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMATION. 220. BURIAL CREMATION. 221. I certify that I attended the deceased fram. 222. NAME OF CEMETERY OR CREMATORY PHYSICIAN'S NAME (Type) BURIAL CREMATION. 222. NAME OF CEMETERY OR CREMATORY PHYSICIAN'S SIGNATURE 223. BURIAL CREMATION. 224. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS 224. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	3 0 auto	psy tindus	95 Campatal	lewi	the Rice	kettsia	1 Dece	che		
20c. TIME OF INJURY Month, Day, Year Hour a.m. P. m. 21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 21. I certify that I attended the deceased fram. 22. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMATION. 220. BURIAL CREMATION. 221. I certify that I attended the deceased fram. 222. NAME OF CEMETERY OR CREMATORY PHYSICIAN'S NAME (Type) BURIAL CREMATION. 222. NAME OF CEMETERY OR CREMATORY PHYSICIAN'S SIGNATURE 223. BURIAL CREMATION. 224. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS 224. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	20a. ACCIDENT W.	AS UNDERLYING 206. C	ESCRIBE HOW INJURY OCCUR	ED. (Enter natu	re of injury in P	art I ar Part II o	of item 18.)			
21. I certify that I attended the deceased fram 6-7- 1959, to 6-14- 1959, that I last saw the deceased alive an 6-13- 1959, and that death occurred at 5-25 M, fram the causes and an the date stated above ADDRESS (Sireet, city or town, state) ACTUAL SIGNATURE HILLOW H. Wilson DATE SIGNED ST. 6-19-59 PHYSICIAN'S NAME (Type) Hilton M. Wilson Cambridge Md. 22a. BURIAL CREMATION, PREMOVAL (Specify) Burial CREMATION, PREMOVAL (Specify) Salem Cemetery Dorchester County Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE					STORE		100.100			
21. I certify that I attended the deceased fram 6-7- 1959, to 6-14- 1959, that I last saw the deceased alive an 6-13- 1959, and that death occurred at 5-25 M, fram the causes and an the date stated above ADDRESS (Sireet, city or town, state) ACTUAL SIGNATURE HILLOW H. Wilson DATE SIGNED ST. 6-19-59 PHYSICIAN'S NAME (Type) Hilton M. Wilson Cambridge Md. 22a. BURIAL CREMATION, PREMOVAL (Specify) Burial CREMATION, PREMOVAL (Specify) Salem Cemetery Dorchester County Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE	20c. TIME OF INJUI			LACE OF INJUI	RY (Hame, farm,	20f. (City or t	own)	(Caunty	()	(State)
alive an 6-13-, 1957, and that death occurred at 53PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNES ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Hilton M. Wilson Cambridge M.D. 23Z Cadas St. 6-19-53 PHYSICIAN'S NAME (Type) Burial CREMATION. REMOVAL (Specify) Burial Cambridge ADDRESS (Street, city or town, state) DATE SIGNES Cambridge M.D. 23Z Cadas St. 6-19-53 Date Thereof State State County	₩ p. m.		IIIO TIOI WILLIE	Jeiot J., 111001, a	mee bidg., etc.,		75. 3			
alive an 6-13-, 1957, and that death occurred at 52 M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Hilton M. Wilson Cambridge M.D. 237 Cidau St. 6-19-59 PHYSICIAN'S NAME (Type) Burial (Specify) Burial ADDRESS 22c. NAME OF CEMETERY OR CREMATORY PEMOVAL (Specify) Burial ADDRESS 22d. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE	21. I certify t	hat I attended the dece	eased from 6-7-	. 195	9 . ta 6	-14-	19.59	that I last	saw the	deceased
ACTUAL SIGNATURE Holton H. Wilson Cambridge Md. 220. BURIAL CREMATION, REMOVAL (Specify) Burial 6/18/1959 Salem Cemetery Cemetery Dorchester County Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE	1	- /319	C T	h occurred	p-7.5					
ACTUAL SIGNATURE Holton H. Wilson 237 Cedar St. 6-19-59 PHYSICIAN'S NAME (Type) Hilton M. Wilson Cambridge Md. 220. BURIAL CREMATION, REMOVAL (Specify) Burial St. 6/18/1959 Salem Cemetery or CREMATORY Dorchester County Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE				••••						
PHYSICIAN'S NAME (Type) Hilton M. Wilson Cambridge Md. 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial 6/18/1959 Salem Cemetery Dorchester County Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE		clion H. U	Idson.	MD 2	3 Z CE	day S	t		6-	19-50
NAME (Type) HITON M. WIISON 22a. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS			/			A	, ,			
22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d (OCATION (City. tawn. ar caunty) (Stote) BUTIAL 6/18/1959 Salem Cemetery Dorchester County Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE	PHYSICIAN'S NAME (Type)	Hilton M.	Wilson	C	ambre	das	Md.			
Burial (Specify) 6/18/1959 Salem Cemetery Dorchester County Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE	22a. BURIAL, CREMATIC	ON, 22b. DATE THEREOF		OR CREMATOR	Y	22d LOCATION	(City, tawn, ar	caunty)	(Sto	te)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	REMOVAL (Specify)							•	
The state of the s				TO LOT Y	24g, REC'D					
	Herker 1	Marlane	Keambridge.	Md.						

all his gelf		1 40 AV			
			Suchael Co		
			CO OFFICE AND		
	MAY LE LONG		Vertex	1 - 1 - 0 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
The state of the s	MAY LE LONG			1 - 1 - 0 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
			Table Market		
				The second of th	
		A COLOR		The state of the s	
		A STATE OF THE PARTY OF THE PAR		enting to the full state of the	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

19 59

Min.

NO DO

(State)

24 hours of Poges 1. Sage 5 moy

VS. ATSME(S) 5M 9/55

Trademidge it visitionar. So hear yealf hours merculate conti Course Minor Driving Lating E A A * Element with the Reserve Colored Williams TABLE TO THE REAL PROPERTY. to the relation removable to the process of The stand models and and the second second second second second second second

tilled mith	M	\
oe o		
S should be		,
and 2		-
Loges		

funeral director, attending physicion and cample corbon papers. within 72 please TOR: After the crifficate has been signed by the detoched far use as the burial-transit permit. Then any thending physician. removal, and prior to burial, crematian, ar poge 3 should may be retain TO FUNERAL D the registrar VS A15 (4)

0

SICIAN: The law requires that the death certificate be executed

15M 9/58

1.	PLACE OF RECHES	TER		MARY	LAND	2. USUAL RESIDEN	AND	ere deceose	d lived, If instit b. COUN		osidence be		
	CAMBRIDGE	outside corporate limi arest tern)D # 3	ts, write	c. LENGTH OF STAY 5 YEARS	IN 1b			utside corpo	F D #	RURAL	ond give r	earest tow	n)
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET ADD	RESS						FARM?
3.	NAME OF DECEASED (Type or print)	JOSEI		CORDEIS		ECKEL		4. DATE OF DEATH		JU NE		23	Yeor 19 59
	SEX MALE	6. COLOR OR RACE WHITE	7. MARE	NEVER MARRIED DIVORCE		NOV 27	188	7	9. AGE (In year 72 birthdoy) Mor	NDER 1 YEA		Min.
100	during SALES	N (Give kind of work of the life, even if retired		KIND OF BUSINESS OF	R INDUST	PITT		-	ountry) NN.	1:	US		OUNTRY?
13.	FATHER'S NAME	ANDREW	ECKE	L		FDOREN			L				
15. (Ye		R IN U. S. ARMED FOR If yes, give wor or dates of se		SOCIAL SECURITY NO UNKNOWN	. IN	MRS J C	ECK	EL C	AMBRIDGI	ddress E M	ARYLA	ND	
TION	PART I. DEA 350 X Conditions, if or gove rise to in cause (o), stating lying couse lost.	n mediate		PARKIN	RAL	's 1	Dis	EAS		GIVEN IN		3 /	rs.
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour a. m.	MEDICAL EXAMINER)	ar 20d, II	CRIBE HOW INJURY O	20e. PLA	(Enter noture of in EE OF INJURY (Hourry, street, office bl	me, form	, 20f. (City	t II of item 18.) v or town)		(Count		(Stote)
220	ACTUAL SIGNATURE CA PHYSICIAN'S NAME (Type)	at I attended the	19.5 R.	MARYAN 22c. NAME OF CEM	JOV ETERY OR	D	36	M, fram ADDRESS (S Pac Lind 22d. LOCA	TION (City, town ERSVILLE	and a	n the da	DA C	d abave. FE SIGNED 2-4/57
		INERAL SERV	TICE	CAMBRIDGE	MAF	YLAND		0 F 100			0 4		

				4		
TOWNSTEE	DIALP				SPECIFICAL SPECIFICAT SPECIFICAL SPECIFICAT	
			Great 3	E N F E		
2 23 30	T 150 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2			usant.		
	ANNER SEWER	4	gigo Tarri			
	and a south	Seat 1		and weedly		
50AJIHAN	somments alone o					
	DONH PARONS	H. and				
5 804	Serve 2 0			Sec.		
				٠,		
				10-		
			-			
	ELIT TERRITO					

JAN: The law requires that the death certificate be executed v

r death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Film G244, 6/19/59 fcy

I	tem 1, Film G2	ND STATE DEPARTM 44, 6/19/59 by CERTIFICA	ENT OF HEALTH—B ATE OF DEATH	ALTIMORE, 1	Reg. Dist. No	1167	80
1. PLACE OF DEA			2. USUAL RESIDENCE (Where dec	ensed lived. If institution	n. Residence bef	ore admiss	sion)
a. COUNTY	Dorchester Co.	MARYLAND	o. STATE Maryland	b. COUNTY	Dorch		
b. CITY OR TON	WN (If autside corporate limits, was nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporate limits, write RL	JRAL and give no	earest town	1)
		5 Years.	13 Cambridge				
d. NAME OF H	OSPITAL (If not in haspital, give strong and	street address)	d. STREET ADDRESS	mis de la		e. IS RES	FARM?
	- Hospital. Car	almideo Md	Belevdere A	Vea			NOT
3. NAME OF	First	Middle	Lost 4. DA	ATE Mont	h D	ay	Year
(Type ar print)		w D	ODERWATER TO DE		6	9	19 50
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEA	R IF UNDE	R 24 HRS
Nr. 2	T.Tr. e a WII	DOWED DIVORCED	2001	last birthday)	Months Days	Hours	Min.
10a. USUAL OCCU	PATION (Give kind of work done	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN C	FWHATC	OUNTRY
	f warking life, even if retired)	0 -			U.S.	A	
Sa lesman	il and the second	Salesman	14. MOTHER'S MAIDEN NAME	ina	0.0	44.0	
PART II PART II	OTHER SIGNIFICANT CONDITION	per line for (o), (b), and (c).] Carcinoma of Aneurysm of Generalized ONS CONTRIBUTING TO DEATH BUT	theAorta arteriosclerosi;	S SEASE CONDITION GIVI	000	PERFO	
	NT WAS UNDERLYING 20b	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I o	r Port II of item 18.)			
Hour o	o. m.		ACE OF INJURY (Home, form, 20f. ctory, street, affice bldg., etc.)	(City or town)	(Caunty)	(State)
21. I certif	by that I attended the de	ceased fram 5-8-59	, 19 , ta 6-9-	59 , 19 ,	that I last sa	w the d	eceasea
alive on			accurred atM, fr	am the causes and \$\$ (Street, city or town,			d abave
ACTUAL SIGNATURE	Celert	Muchen	M.D. 200 Maryland			-12-	59
PHYSICIAN'S NAME (Type)	Albert E. Bunke	er. M. D.	Cambridge. M	aryland			

TO HOSPITAL OR TO FUNERAL D

the registrar prior ta burial, VS A1S (4) 1SM 9/S8



22d. BURIAL, CREMATION, C REMOVAL (Specify) remation

22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE Greenmount Le Compte Funeral Service, Cambridge, Md.

22c. NAME OF CEMETERY OR CREMATORY

Baltimore Maryland

22d. LOCATION (City, town, or county)

DATE JUN 1 5 '59

arthur S. Krous

(State)

reduction.			made address
	eablanism)	. or no Total	eshirinak
	.eva erebyske	ale so the entire	Lorienoll as his med
	2000000	0 4 9	
			Old of the
9 9 4 1	- Anteni ogujek	ameste	Selection
	Saroline - Dome		ini here. Jane
	Date to the deposit of 1316 C	STATE OF THE	
	Control in the control in		
	Con U.S. To		
	A transference of the last of the		
	A transference of the last of the		
	A transference of the last of the		
	Manager Sa Salar e Salar e Salar e Salar e Salar e Salar e Salar e Salar e Salar e Salar e Sal		
	Manager Sa Salar e Salar e Salar e Salar e Salar e Salar e Salar e Salar e Salar e Salar e Sal		

may be retained b TO FUNERAL D page 3 shauld the registrar prior

	1	1	
	1	1	
/	-	1	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6729

CERTIFICATE OF DEATH

Reg. Dist. No. 16709

1. PLACE OF DEATH o. COUNTY	Dorchester		MARYL		o. STATE	E (Where decease cvland	sed lived. If insti b. COUN		"	re odmis Talb	
b. CITY OR TOWN (If outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOW	€,	porote limits, wri	le RURAL onc	V		
RURAL and give n	cambridge		8mo.6das.		Tra	арре		20 X	2		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street			d. STREET ADDR	-				e. IS RE	SIDENCE A FARM?
	Eastern Sho	re S	tate Hospit	al		•					NO
3. NAME OF DECEASED	Fir		Middle		lost	4. DATE		Month	Do	ру	Yeor
(Type or print)	Edit		Mari		Holmes	DEAT	H JI	ıne	17		1959
S. SEX		7. MAR	RIED NEVER MARRIE	D 🔣 8. C	ATE OF BIRTH	10000	9. AGE (In yellost birthda	y) Months		IF UND	ER 24 HRS.
H.	White	WIDOW		_	4-12-87		72	yrs.			
during most of wor	ON (Give kind of work a king life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUSTRY			country)	12. C			COUNTRY
Housew	ife		•		Mary.				U.S.	.A.	
13. FATHER'S NAME	4041	y ES			4. MOTHER'S MAI						
Willia	m				Elizabe	eth					
IYes, no, or unknown)	ER IN U. S. ARMED FOR Ill yes, give wor or dates of s	CES? 16. ervice)	SOCIAL SECURITY NO.	17. INFO				Address		_	
			-	REC	ORDS - Ea	astern S	hore Sta	ate Ho	spita	al	
		use per li	ne for (o), (b), and (c).]						INT	ERVAL B	DEATH
PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	Lobar Pneum	onia							
422.1	DUE TO				- 5						
Canditions, if a)	Chronic Car	diova	scular D	isease					
gove rise to i			der A Communic		-7						
lying couse lost.) (c	1	General Art								
CATIC		DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE	TERMINAL DISEA	ASE CONDITION	GIVEN IN PA	ART 1(o) 1	PERFO	AUTOPSY DRMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter noture of inju	ury in Port I or Po	art 11 of item 18.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	While		20e. PLACE foctory	OF INJURY (Home r, street, office bld	e, farm, 20f. (Ci g., elc.)	ity or town)		(County)	A	(Stote)
	hat I attended the		ed from Octo								
alive anJ	une 17	195	2, and that (death a	curred at 8				the da		
ACTUAL E	= 0 -	1.	1				(Street, city or to				ATE SIGNE
SIGNATURE_C	. Dent	11	ippis	M.D	E.S.S.	Hospital	,Cambria	ige, Md		6-	18-59
PHYSICIAN'S NAME (Type) E	. DeFilippi	s, M	D.								
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREC	59	22c. NAME OF CEME	TERY OR C	REMATORY.	22d. LOC	ATION (Gity, tow	or county)2	(Sto	te)
23. FUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS	- / /	/ / 240	. REC'D BY REGI	STRAR 24b. R	EGISTRAR'S S	IGNATU	RE	100
tarless -	turned L	ton	1-Cata	1//1	mi	re IIIN 2 3	159	0.11.0	8 4.		

**	E OF DEATH	20 CERTIFICAT	
			Service of the servic
	And the second s		
		Torses Trees	
		The state of the s	
	Menteralist styles a		
	A DAME	TOTAL THE SERVICE AND ADDRESS OF SERVICE	CONTINUE STREET
		Chospen T to	THE CAN DECIMAL
			CLICA d
	Sale of the second of the fort		
	THE STREET, ST	Capacito Man Now Instead of	
	we from a live		all behalful all of his 1 to
			ALGERTA AND A PROPERTY
			and the same of th

			1)	6	7	1	0
Reg.	Dist.	No.					

	1	-	au	- 3
	1		100	
lirector	E			1
8	3,	-	-	1
<u>=</u>	9			
0	E			
0	9			

067

death. Page 4

filled in by as funer Pages 1 and 2 shauld to tificate has been signed by the attending physician and camp

page 3 should see detached for viz. as the burial-transit permit. Then please remove carbon papers: the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. may be retained.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR

VS A1S (4) 1SM 9/SS

Dorchester b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Cambridge d. NAME OF HOSPITAL (If not in haspital, give street address) Cambridge Maryland Hospital 3. NAME OF DECEASED (Type or print) James Howard Hopkins Maryland Dorchester c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) **Hurlock** d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO STREET ADDRESS 1. DATE OF DECEASED (Type or print) James Howard Hopkins Dorchester 4. DATE OF DECEASED (Type or print) James Howard Hopkins
Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) Cambridge Maryland Hospital A. STREET ADDRESS DECEASED First Middle Last 4. DATE OF Month Day Year
d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Cambridge Maryland Hospital 3. NAME OF DECEASED First Middle Lost 4. DATE OF Month Day Year
Cambridge Maryland Hospital YES NO S 3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HR)
Male Negro WIDOWED DIVORCED Oct. 22 1800 10st birthdoy) Months Doys Hours Min.
10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (Stole or foreign country)
during most of working life, even if retired) Mechanic
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Howard Hopkins Wilsie Cornish
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
No (If yes, give wor or dotes of service) 218-03-6888 Mrs. Mary Hopkins. Hurlock. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: Complying Thompsyle and Death
3 3/X DUE TO JORNAL THE MOTITING JORNAL STATE CAUSE (a) COLOR TO STATE CAUSE (b) COLOR TO STATE CAUSE (c) COLOR TO STATE (c)
Conditions, if any, which (b) (b)
casse (o), stoting the under-
PERFORMED?
YES NO
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)
Hour o. m. While Not while foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from May 29, 1959, to June 1, 1959, that I last saw the deceased
olive on June 1, 1959, and that death occurred otM, from the causes and on the date stated abo
ADDRESS (Street, city or town, state) DATE SIGN ACTUAL ACTU
ACTUAL SIGNATURE M.D. 227 Pine St-Cambridge, Md6-5-59
PHYSICIAN'S J. Edwin Fassett, M.D.
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State)
Burial 6/6/1959 Washington Cemetery Dorchester County, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Merber M St flass & Cambridge, Md. DATE JUN 1 0 '59 ariling & thous

BIT OF HEALTH-BAUTMORE, 18	MARYLAND STATE DEPARTM
LEON DEATH	ADRITION STIE CERTIFICA
The second secon	engar standard standard
	With the comment of the case that the case of the case
	Green Campan Carro Carro
	entres unanglione i lighter and in the amenature of
and the second s	The wall and time appeal become the gluing I'll
	A CHARGE OF CHIEF PRINCE, N. P.
South Arventa per extrem to an ex-	Distriction of the state of the

filed

ld be

N

eral

death.

executed

es thot ed by the mit. Ti

pup

remove cor

signed b t permit. d in any

puo

cremotian,

buriol-transit

OS

ò

FUNERAL D

9

VS A15 (4)

15M 9/5S

registror

	TE OF DEATH			
	Aller & Street Street			
and the second s				
	Next A Marie &		Constitution of	2.3
			TOTAL SECTION	and the state of
parameter in a retraction of the second section of the second section is a second section of the second section of the second section is a second section of the section of the second section of the second section of the section		Party of the Section		
		regarding School		
		regarding School		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06712 AL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE Florida b. COUNTY Leon Dorchester MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Tallahassee Hurlock - Rural 2 weeks d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Near Waddell's Corner YES NO K NAME OF Middle 4. DATE Year Day DECEASED June 1959 Johnson (Type or print) Dorsey 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. About 45, Months About 1914 Male Negro WIDOWED | DIVORCED with ō 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 90 during most of warking life, even if retired) Tallahassee, Florida U.S.A. Farm Day Laborer 24 haurs affi Pages 1, 2, Page 5 may 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Cora Johnson Unknown Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give New Jersey Viola Johnson, Vineland. within No PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Delayed/pending/complete/autopsy/report. form hrs. IMMEDIATE CAUSE (a) burial-transit DUE To Isopropyl alcohol poisoning Conditions, if ony, which along gove rise to immediate cause DUE TO (o), stating the underlying couse lost pending in iner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 00 PERFORMED? NO I 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Drank rubbing alcohol pine 5 MEDICAL Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) foctory, street, office bldg, etc. Not while Y o. m. Hurlock Md. Dor. of work of work Medi 21. I certify that I taak charge of the remains described above, held an Autopsy 17. Inspection . Inquiry and find that Chief death resulted from: Natural causes , Accident X, Suicide , Hamicide , Undetermined cause DATE SIGNED ACTUAL SIGNATURE farwarded TO FUNERAL ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** Dr. John Mace Jr. 6/26/59 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Fort Pierce, Florida June 29.1959 Removal 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Maryland VS. A15ME(5) DATE JUN 2 9 '59 Chilman & Kraus 5M 9/55

(Stote)

SITTON MEDICAL EXAMINER'S CHILINGATE OF DEATH THE TOTAL THE N A STATE OF THE PROPERTY OF THE PARTY OF THE DEVOS VOLUMENTAL SERVICE SERVI death. Poge 4

requires that the death certificate be executed

filled in by the funero ges 1 and 2 should be

corbon popers.

Then please

physicion and campl ofter death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6739 CERTIFICATE OF DEATH

06713

		0102	CERTIFICA	ATE OF DEATE			Reg. Dist.	No.	
o. COUNTY	orchester		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla:		d lived. If instituti b. COUNTY			ion)
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corpo	rote limits, write R	RURAL ond give	nearest town	1)
	ambridge	lvr	2mo 29dav	Wittma:	n			20 X.	2
	PITAL (If not in hospital, o			d. STREET ADDRESS				e. IS RES	IDENC
OK MASHIOTION	EASTERN SH	ORE STAT	E HOSPITAL					YES 🗌	
NAME OF	Fir	st	Middle	Last	4. DATE	Mor	nth	Day `	Year
(Type or print)	Gre	enburv	Dawson	Jones	OF DEATH	Ja	ine	1.	1959
. SEX				B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YI	EAR IF UNDE	R 24 H
Male	White	WIDOWED 3	DIVORCED	October 1. 1	876	lost birthdoy) 82 yrs.	Months Do	ys Hours	Mir
a. USUAL OCCUPAT	ION (Give kind of work	done 10b. KIND O	F BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote			12. CITIZEN	OF WHAT C	OUNT
Unemple	orking life, even if retired oved (labore			Marylan d			T	J.S.A.	
3. FATHER'S NAME	oled (Tanore			14. MOTHER'S MAIDEN N	NAME			.D .A.	
One and	T			Sarah Hun	+ Jone				
	VER IN U. S. ARMED FOR	CES? 16. SOCIAL	SECURITY NO. II	NFORMANT	0 00110		dress		
(Yes, no, or unknown)	(If yes, give war or dates of s		7-1314 RI	ECORDS: East	arm Sh	ore Stat	e Wogni	+27	
18 CAUSE OF D	EATH [Enter only one co			DOCUDO. Das o	OIN DI	ior o buar		INTERVAL BE	TWFFI
1277	EATH WAS CAUSED BY:	Dwanah						ONSET AND	DEAT
1/20	IMMEDIATE CAUSE (o	1	opneumonia					3 day	18
4dds	DUE TO								
Conditions, if		Genera	lized arter	riosclerosis	with_				
couse (o), stating	g the under- DUE TO			• • • • • • • • • • • • • • • • • • • •				0	
lying couse lost	, 10	/	iovascular						yrs
PART II. O PART II. O PART III. O OR ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASI	E CONDITION GI	VEN IN PART 1(PERFO	RMED?
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	t II of item 18.)			
20c. TIME OF INJU Hour o. m	. 10	While _ N	OCCURRED 20e. PL	ACE OF INJURY (Home, farm story, street, office bldg., etc.	, 20f. (City	or town)	(Cour	nty)	(Ste
				10 E8 .	Tanno	1			
	that I attended the			5 , 19 58 , ta		1959			
alive an	June 4	., 19.59	., and that death	accurred at 5:30		the causes ar			d abo
ACTUAL	6:22.01	1 16 is	251.1-					DAI	
SIGNATURE) I vivo	2 001	nuy	M. Eastern Sho	re Sta	te Hospi	tal	0-1	1=59
PHYSICIAN'S	iman Winter-ti	1 15 2 12	Footow	Chana Chata II		7 Caulin		fam	
	imon Virkuti			Shore State H				arytar	IQ
BURIAL, CREMATI	ION, 226 DATE THEREC	DF 22c. b	MAME OF CEMETERY O	R CREMATORY	22d. LOCA1	TION (City, town,	or county)	(Stote	e) 1

24a. REC'D BY REGISTRAR

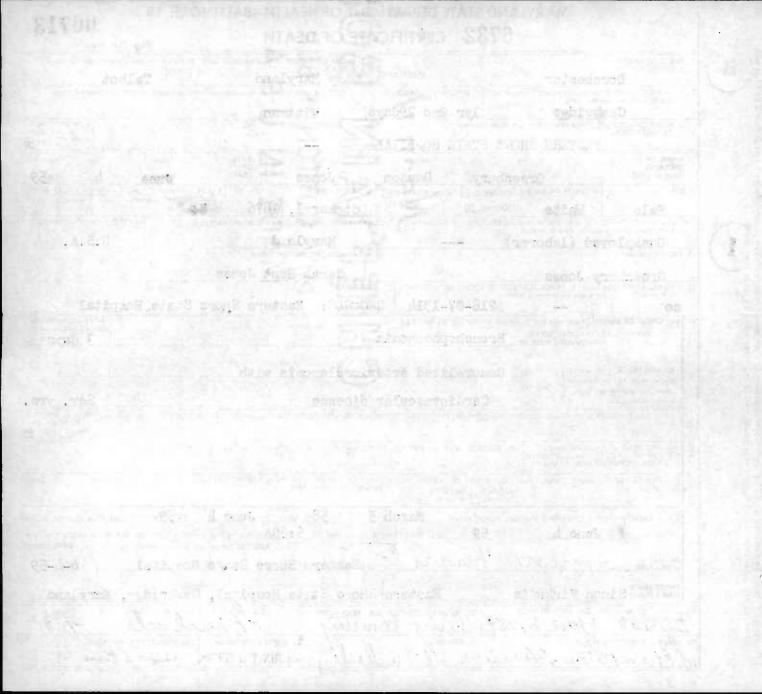
DATE JUN 1 0 '59

arihun S. Kraus

TO FUNERAL DA. TO HOSPITAL VS A1S (4) 1SM 9/SB

the registrar priar

ATTENDING PHY



death. Page 4

within 24 hours

SICIAN: The law requires that the deoth certificate be executed rtificate has been signed by the attending physician and campl

Then please remove carbon papers.

detached far use os the burial-transit permit.

TOR: After th y the hospita

TO HOSPITAL OR TO FUNERAL DI page 3 shauld b

VS A1S (4) 1SM 9/SB

removal, and

the registrar priar

ttending physician.

in any event within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6717 CERTIFICATE OF DEATH

116714

		Q=KIIII	QA.	t OI DEAII	41000		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTCHES	TER	MARYLAI	ND 2.	THAT SESIDENCE (W	here decease	d lived. If institut b. COUNTY	DORCHE	elare odmission)
CAMBREDGE	(If outside corporate limits, write earest tawn)	2 WEEKS	16 /	CAMBRIDG	outside corpo	rote limits, write f	RURAL ond give	nearest town)
d. NAME OF HOSPI CAMBRIDGE	MARYLAND HO	et address) SP,		200 SUNBU	RST HI	GH WAY	9 1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JAMES	Middle FRED	J	ONES Lost	4. DATE OF DEATH	JUNE	13/2	Day Year - 19 59
s. sex MALE	*********	ARRIED NEVER MARRIED WED DIVORCED	_	SEPT 4 1890		9. AGE (In years last birthdoy) 68 yrs.	Months Da	EAR IF UNDER 24 HRS. ys Hours Min.
LIN E DOR	ON (Give kind af work done 10 rking life, even if retired)	DE. KIND OF BUSINESS OR 11 TELEPHONE	NDUSTRY	MARYLAN		auntry)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME			14	. MOTHER'S MAIDEN			3.5	
	B JONES			MARY BLAD	ES			
1S. WAS DECEASED EV (Yes. no. or unknown) Yes	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. UNKNOWN		LUCY JONES	CAME		iress IARYLAND	
	ATH [Enter only ane couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	10	mbelish	~			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if	DUE TO	Wehn the	,	nbosis			1391	5
gove rise to couse (a), stoting lying couse last.	immediate DUE TO							
PART II. OT CAICC'S 20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY	HER SIGNIFICANT CONDITION	Tomach.	BUT NOT	estinal	O657	ructi	VEN IN PART 1(0	PERFORMED?
	AS UNDERLYING (20b. D) CAUSE OF DEATH (MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	JRRED. (E	nter noture of injury in	Part I or Par	t II af item 1B.)	12/2	
20c. TIME OF INJUI Haur o. m. p. m.	Whi			OF INJURY (Home, farm street, office bldg., etc		or town)	(Cour	nty) (Stote)
actual signature	hat I attended the dece	50	29 eath oc	, 1959, to 19			nd on the d	saw the deceased ate stated above. DATE SIGNED
PHYSICIAN'S NAME (Type)	ewis /4	15 unde	He	Cam	brio	70,	Md	
220. BURIAL, CREMATIC		1959 DORCHE		MEN PARK		TION (City, town, IBRIDGE	marylan	(Stote)
23. FUNERAL DIRECTOR LECOMPTE		E CAMBRIDGE	MAI	RYLAND	D BY REGIST		ISTRAR'S SIGNA	

#1700				
FERDERSON -			Sure	
	a.V. 10-10			
E TALK	an manufalle 6.5		ONLY DESIGNATION	DIDIAG
1.27 (STATE)	and along			
10 July 55	84FF 4, 1850		atta:	•
ART	RHADBAH	SHIPPETER	granica	a kili
	- STORES TRANS		8101 4 32	114
GOLDAN SOLD	BIGG - SEING YORK SHI	TASSUMU.		
	e capassi e	Phleboth.		
	intestract clus	170000	le suring	2002
	22 22 27			
		- 1 - 1		
	TO SHE WAS NOT			
		arania ta		

funeral pe

in by the fune and 2 shauld b

filled

requires that the death certificate be executed

papers

campl death and

physician

attending please

the by

tending physicians

rificate the

permit. any

and burial-transit

remayal,

prior

the registrar

CERTIFI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6733 CERTIFICATE OF DEATH								Reg. Dist. No.					
1. PLACE STER MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) MARTILAND b. COUNDORCHESTER									
b. CITY OR TOWN (If outside corporate limits, write RFD # 3 CAMBRIDGE LIFE				c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CAMBRIDGE R F D # 3									
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give s	treet ac	ddress)	/d. 9	STREET ADDRESS					e. IS RES	FARM?		
3. NAME OF DECEASED (Type or print)	T First	*4	Middle JAME	S	KIRWAN	4. DATE OF DEATH	JU		Do	56	Yeor		
5. SEX MALE	6. COLOR OR RACE 7. WILL	MARKIE DOWED	DANGER WARRIED A		OF BIRTH 1862		9. AGE (In years lost wirthdoy) yrs.	Months Months	R 1 YEAR Days	Hours	ER 24 HR Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of marking by even if refired) SHIP CARPENTER										COUNTRY			
13. FATHER'S NAME UNKNOWN				14. MOTHER'S MAIDEN NAME UNKNOWN									
15. WAS DECEASED EV	(ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		NO NO	MRS		MOWBRI	Add CAMB	ress RIDGE	E MA	ARYLA	AND		
	ATH [Enter only one cause ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	per line	for (o), (b), and (c).]	AL	emos	The	ec.			ERVAL BE	DEATH		
33/X	DUE TO				0		8	113		7	1:		

1. Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.)

YES NO

06715

(IF EITHER, NOTIFY MEDICAL EXAMINER) Doy, Year

20f. (City or town)

20c. TIME OF INJURY Hour a. m. p. m.

20d. INJURY OCCURRED While Not while at wark at work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

(County) (State)

21. I certify that I attended the deceased fram alive an

Athat I last saw the deceased

22b. DATE THEREOF

ACTUAL

ADDRESS (Street, city or town, state

A.M., fram the causes and an the date stated above.

PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

that death accurred at

22d. LOCATION (City, town, or county)

(State)

220. BURIAL, CREMATION. BURTATA (Specify)

1959 JUNE

SPEDDENS SEWARDS CAMBRIDGE

JAMES MARYLAND 240. REC'D BY REGISTRAR

MARYLAND 24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE LECOMPTE FUNERAL SERVICE

DATUN 2 9 '59

Cirthur & Kraus

detached for :TOR: page 3 shauld TO FUNERAL D may be retai HOSPITAL VS A15 (4) 15M 9/58

E A dista Contracto Serie I Socialité de Con-TOTAL SECTION COUNTY SECTION OF AND A STATE OF THE PROPERTY OF

VS A1S (4) 1SM 9/SS Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY DORCHESTER MARYLAND				2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY DORCHESTER						
B	b. CITY OR TOWN (If RURAL and give ne	f outside corporate limits, write orest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside corpor	ote limits, write RL	JRAL ond give	nearest to	own)	
	CAMBRIL		X WILLI	X WILLIAMS BURG						
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION			d. STREET ADDI	d. STREET ADDRESS e. IS 6					
1	EASTERN SH	ORE STATE HOSF	TAL					YES	□ NO 🛛	
	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont	th	Doy	Year	
_	(Type or print)	EDITH	FOLSOM	LYNN		JUNE		10	1959	
5.	SEX	6. COLOR OR RACE 7. MARI	The second secon	8. DATE OF BIRTH		9. AGE (In years lost birthday)	Months Doy			
	EMALE	MAHITE WIDOW		OCT. 18/	887	71 yrs.				
10c	 USUAL OCCUPATION during most of work 	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE	(State or foreign co	untry)	12. CITIZEN	OF WH	AT COUNTRY?	
	SCHOOL TE	ACHER	EDUCATION.	MA	RYLANI	0	U	SA.		
3.	FATHER'S NAME			14. MOTHER'S MA	LIDEN NAME					
	BENJAM	N S HILL		EMP	A DEA	N				
IS.	WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ess			
111	es, 10, or omenown	If yes, give war or dates of service	80-112-4823	HOSPITAL	RECOR	2 1				
=	18. CAUSE OF DEA	TH [Enter only one cause per li					[11	NTERVAL	BETWEEN	
		TH WAS CAUSED BY:		11 NA Am I A				ONSET AND DEATH		
	433.1	IMMEDIATE CAUSE (o)	OBAR PNE	O INI BIN I ME.		_		DER	7 DAYS	
	Conditions, if are gove rise to in course (o), stoting (lying course lost.	mmediate DUE TO	RICULAR F		TION		4	OVE	? 7 DAY	
NO	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO TH	E TERMINAL DISEASE	CONDITION GIVE	EN IN PART 1(o			
ATI	-	SENILE BRAIN	DISEASE						FORMED?	
CERTIFICATION	200. ACCIDENT WA		CRIBE HOW INJURY OCCURR	ED. (Enter noture of in	jury in Port I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	While		LACE OF INJURY (Homoctory, street, office bloom	ne, farm, 20f. (City dg., etc.)	or town)	(Coun	ly)	(State)	
	21. I certify the alive on Ju	ot I attended the decease	sed from JUNE 3		4 PM, from		nd on the			
	ACTUAL SIGNATURE	gnu Q 6	rawford	MD. EASTERN	SHORE STATE	HOSP, CAM	GRINGE	MO TO	INF 11 105	
	PHYSICIAN'S	ARRY TOR	RAVIERD	m.b. Allyctist	20935-92415-		22770	112.06	77-19,17-1	
22		N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	224 LOCAT	ION (City, town, o				
	REMOVAL (Specify)		45 6 6 50	200it	Toda	ralsbr	with a	mei	igle)	
23.	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS Yalland		a. REC'D BY REGIST		TRAR'S SIGNA			
7	1 Toucom	mem son y	www.arcono	7 11000 01	71L					
/	1		7							

IE OF DEATH	
	A STATE OF THE STA
wast of the second of the second	
NAME OF THE PARTY	m er ennou week gerrond, e en fillet beleg in e
A quite la company	
Mary Land Control of the Control of	TENT MAKELL MINESTER STATE
	CONTRACTOR OF THE PARTY OF THE
Section 2 in the contract of t	
A CONTRACT OF STATE O	
A STATE OF THE PRINTING HAVE A PROPERTY OF THE PRINTING OF THE	
Section 2 to the second section of the secon	
The property of the property of the screening of the party of the part	
A STATE OF THE PRINTING HAS A PROPERTY OF THE RESIDENCE OF THE PROPERTY OF THE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6735

CERTIFICATE OF DEATH

06759

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		USUAL RESIDENCE (Where decease STATE		Residence befare ad	mission)			
Dorchester	MARYLAND	o. STATE Md. b. COUNTY						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	prote limits, write RUR	AL and give nearest I	awn) 🗸			
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS	- 9	la Is	RESIDENCE			
OR INSTITUTION		d. SIREET ADDRESS	()	O	N A FARM?			
Eastern Shore State Hospi	tal	Chartes	>1	YES	□ NO 【			
3. NAME OF DECEASED (Type or print)	eed Middle	Lost 4. DATE OF DEATH	Month	Day	Year 1959			
5. SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH		UNDER I YEAR IF U	NDER 24 HRS.			
W WIDOWE		6-27-1880		Months Days Hou	urs Min.			
100. USUAL OCCUPATION (Give kind af work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	1001	country)	U SA	T COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	- The - The - 1					
weReed		Mahalia R.	eed					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	Address					
(it yes, give war or dates of service)	Mare Ea	stern Shore State	Hospital (Lambri	1 gelle			
1B. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]				ND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	roncho-	Pneumonia			nK			
491X DUE TO					-			
Conditions, if ony, which) (b)				100				
gove rise to immediate		A STATE OF THE STA						
lying source lost								
, (c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(a) 19. W	AS AUTOPSY			
CATIC	30.11K13011113 13 DEFITING	THE TENNING TO THE TENNING TO THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PE	REORMED?			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Po	rt II of item 18.)					
			y ar tawn)	(County)	(State)			
Haur a. m. While at warl	INUI WILLE	ctory, street, affice bldg., etc.)	4					
21. I certify that I attended the decease	5-11	1959 to June	5 1959 th	at I last saw the	deceased			
alive an June 5 , 195		accurred at 3,25°M, fram						
		ADDRESS (Street, city ar tawn, sto	ote)	DATE SIGNED			
ACTUAL SIGNATURE	Dredge	M.D. E.S.S. Hospital,	Cambridge	, Md. 6-8	5-59			
PHYSICIAN'S Thomas J. Dredge	0							
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCA	TION (City, town, or o	county) (State)			
BURIAL JUNE 8, 1959	BLOOMERY CI	EMETERY NEAR	FEDERAL	SBURG, A	nD.			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY REGIS	TRAR 24b. REGISTR	PAR'S SIGNATURE				
J. J. FRAMPTOM + SON FED	ERAISBUPG	MD. DATE JUN 12"	59 ant	un S. Tiraus				

death. Page 4 filled in by the funeral director, ges I and 2 shauld be filed with ICIAN: The law requires that the death certificate be executed the ottending physician and cample. Then please remove carban papers. artificate has been signed by the os the burial-transit permit. The page 3 should be the registrar prior TO HOSPITAL OR may be retain TO FUNERAL DI VS A15 (4) 15M 9/58

Was soon and the second

...

ET WILL STATE OF THE STATE OF T

The street will be and the supplemental the street of the street

FOR STATE HEALTH DEPT f any delay is necessary, please the funeral cor. Page be retained for your files. The State Board of Health,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6736 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DEST		Keg, Dist. No.
I DEPT.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	Dorchester MARYLAND	o. STATE Maryland b. COUNTY Licomico
M)	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Near Cambridge 9 days	Salisbury 22/2-2
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
6	Eastern Shore State Hospital	103 Elizabeth st. YES NO
3.	NAME OF First Middle DECEASED (Type or print) Eugene Maurice Messick	Lost 4. DATE Month Doy Yeor OF DEATH JUNG 27 19 59
5.	The state of the s	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	11 - 13 - 88 lest bighday) yrs. Months Days Hours Min.
10	On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer (retired) Printing	IRY 11. BIRTHPLACE (Stole or foreign country) Maryland U.S.A.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
9	Westley Messick	Unknown
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	No 214-30-8743	Records Eastern Shore State Cospital
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pneumonia	2 days
	904.0 DUE TO	
		hypertensive C. V. R. Disease ?
	(a), stating the underlying DUE TO Fracture. Intertro	chanteric Rt. Femur 28 days
7	, (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
्राट्ट		PERFORMED?
oni		
04	4 PRIMART LI OF CONTRIBUTING ES	inter nature of injury in Port I or Part II of item 18.)
2	1 1000000000000000000000000000000000000	
210	Hour a.m. While Not while fact	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, affice bldg., etc.)
Z WED!		me Salisbury Wicomico Maryland
	21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection , Inquiry, and in my
	opinion death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined monner
	ACTUAL Ellipedes Her) of	M.D. CHIEF MEDICAL EXAMINER []
2	EXAMINER'S Eldridge H. Wolff ? M. D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
	20. ANNIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR DEMOVAL ISPECIES 6/80/1939 Wicu Trun.	Dark Sulphing md
23	3. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	rept yoursong. succounty, ma	MILLAND DATE JUL 2 '59 Chiling 8. Knows
1	LUNGALI DINIG	

HYALIG TO STAD HEISED & BURNINGS DATIONAL Landing - The Colonia of the Colonia 11_ - 121 III and the property of the second of THE PARTY OF THE PROPERTY OF THE PARTY OF TH And the second s to the contract of the contrac

director

Funeral

filed

pe

shauld

2 and . =

filled

cample papers.

puo pau ofter

mave haurs

please

executed

Pages

death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6718 CERTIFICATE OF DEATH 116718

Reg. Dist. No.

	W.	,
1	No.	1
/		7

PLACE OF DEATH · DORCHESTER

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STAMARYTAND DORCHESTUR

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b CMABRITICIE neorest town)

3 DAYS

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

CAM BRIDG E

d. NAME OF HOSPITAL (If not in hospital, give street address) CMABRYTHEN MARYTAND HOSP.

d. STREET ADDRESS RFD # 3

e. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED (Type or print)

LYDIA

Middle WRIGHT

ORR

4. DATE OF DEATH

Month JUNE

Day

FEMALE

6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE

WIDOWED [

DIVORCED |

B. DATE OF BIRTH OCT 10, 1891 9. AGE (In years 18 pirthday)

IF UNDER 1 YEAR IF UNDER 24 HRS. Hours

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSE OWPTING life, even if retired)

OWN HOME

N EW YORK

12. CITIZEN OF WHAT COUNTRY?

Months

USA

13. FATHER'S NAME

WILLIAM WRIGHT

14. MOTHER'S MAIDEN NAME MARY ELLIS

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. (Yenno, O unknown)

NONE

INFORMANT MMRXXX

JOHN ORRR

CAMBRIDGE MARYLAND

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) DUE TO

Canditions, if ony, which

gove rise to immediate couse (a), stating the underlying cause last.

20c. TIME OF INJURY Month,

Hour o. m.

DUF TO

Arteriosclerotic cardio vascular renal disease

Coronary occlusion

Generalized carcinomatosis Carcinoma of right breast

2 vears

18 months 18 months

INTERVAL BETWEEN ONSET AND DEATH

4-5 minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

PERFORMED? YES NO

(State)

20g. ACCIDENT WAS UNDERLYING A (IF EITHER, NOTIFY MEDICAL EXAMINER)

> 20d. INJURY OCCURRED While Nat while

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

(County) (Stote)

21. I certify that I attended the deceased fram 1-13-58

and that death accurred at 9:05 M, fram the causes and an the date stated above.

ADDRESS (Street, city or town, stote) M.D. 15 Locust Street. Cambridge, Md. 6-8-59

ACTUAL PHYSICIAN'S NAME (Type)

Eldridge H. Wolff, M.D.

22a. BURIAL, CREMATION, PHUNOYAU (Specify)

22b. DATE THEREOF 10, 1959 22c. NAME OF CEMETERY OR CREMATORY DORCHESTER MEN PARK 22d. LOCATION (City, town, or county) CAMBRIDGE MARYLAND

CAMBRIDGE. MARYLAND

24g. REC'D BY REGISTRAR DATELIN 1 2 '59

246 REGISTRAR'S SIGNATURE arihur & Kines

6-7-59 , 19 , that I last saw the deceased

10 VS A15 (4) 15M 9/58

attending by permit. any physician. burial-transit been has ending ificate crematian, OS haspital After this for TOR: o FUNERAL DIN pr registrar

Hision		PARCED IN		Pro III	
					reservan
		N PERMINA	end (remituo (
		THE REAL PROPERTY.		a marine	
				ATTEL	
		to the contract of	6	ANALA	ELAKES
		THOT WE NO	ara no		n' assor
			William		
arraying mus		met m - 199	ORS DESCRIPTION	The second	TING WILL
estudio U-A			minulago granotos		
anner 2 es anzam-61 anzamaj	umalo, faces	STATE STATE STATES	erkerkesmierotise Geworklised encoli Carolusmies estat		
				34	4
					and rife

meaning model of anything from the green of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

RTIFICATE OF DEATH

06719

	0120	CEKTIFICA	TE OF DEATH		Reg. Dist. No.
	o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If instituti b. COUNTY	on: Residence before admission) Dorchester
1	b. CITY OF TOWN (If outside corporate limits, write RURAL and give agores) town) Cambridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	itside corporate limits, write R	RURAL and give nearest town)
7	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Cambridge-Mary).		/ d. street address 508 Tren	nton street	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Albanus	Medford	Paul Paul	4. DATE Mon OF DEATH June 16,	/
	5. SEX Male 6. COLOR OR RACE White Whows	ED DIVORCED	Dec.24,1909	9. AGE (In years lost birthday) 49 yrs.	Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Auto Mechanic self-employed	KIND OF BUSINESS OR INDUST	Taylors 1		U.S.
4	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	John Paul. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	COCIAL COCINITY NO. 137. IN	Myra Wall		
	[Yes, no. or unknown] (If yes, give war or dates of service)			1,508 Trenton	St.,Cambridge,Md.
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MYO DUE TO	ne for (o), (b), ond (c).]	tion		INTERVAL BETWEEN ONSET AND DEATH 20 mins.
	gove rise to immediate couse (o), stoting the under-	onary occlusion		1 11	20 mins.
	PART II. OTHER SIGNIFICANT CONDITIONS C Diabetes mellitus		NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	/EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Po	ort 1 or Port II of item 18.)	
	Hour o.m. While	NJURY OCCURRED 20e. PLA Not while k =	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) ∞ ∞	20f. (City or town)	(County) (State)
	21. I certify that I attended the decease alive an 6-16-59, 19 ACTUAL SIGNATURE Eldridge H. Wol PHYSICIAN'S NAME (Type) Eldridge H. Wol	ff, M.D.	accurred at 12;30 A LD. 15 Locust	M, fram the causes of DDRESS (Street, city or town, Street, Camb)	ridge, Md. 6-16-5
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial June 18,1959	22c. NAME OF CEMETERY OR Green Lawn Cer	metery	22d. LOCATION (City, town, o	d.
	23. SUNFERAL DIRECTOR'S SIGNATURE	ADDRESS Cambride			STRAR'S SIGNATURE

filled in by the funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 O FUNERAL DI TOR: After the lificate has been signed by the ottending physician and cample page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers: the registrar prior to burial, crematian, or remaval, and in any event within 72 hours giver Agath. attending physicion. by the hospital of 108: After the detached for use TO FUNERAL DI page 3 should we to TO HOSPITAL OR

VS A15 (4) 15M 10/57

The second secon	Ann. III		
The state of the s			
	NAME OF THE OWNER.	A Commence of	
Line County of the State of State County State County			
	of the state of	Albert Ing take	
and the second service of the second second			
the state of the transmitted of the CAM		name a particular	
		M. Marien. A.	
CO-V. No and the second second			

/		
	BE	1
	121	1
-	_	

016

tificate has been signed by the attending physician and camp. Filled in by the funeral director, as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with TO FUNERAL DE TOR: After the historical physician.

TO FUNERAL DE TOR: After the historic hos been signed by the attending physician and campage 3 should be detached for use as the buriol-transit permit. Then please remove carbon paper the registrar prior to buriol, cremation, or removal, and in any event within 72 hours offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

VS A15 (4) 15M 9/55

					0. 51/11			Reg. Dist	No.	
1. PLACE OF DEATH o. COUNTY	Dorchester		MARYLAND	2.	USUAL RESIDENCE (Who. STATE Mary)		d lived. If institution b. COUNTY	Cec:		dmission)
b. CITY OR TOWN RURAL ond give	(If outside corporate limit	s, write	C. LENGTH OF STAY IN 16		c. CITY OR TOWN (If o	utside corpo	prote limits, write RI	JRAL and gi	ve nearest	town)
NO INTE ONO GIVE	Cambridge		3yr.6mo.2das		Port	Lego	sit		07	V-2
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, g	ve street	oddress)		d. STREET ADDRESS	- 0,00	020	600	e. I	RESIDENCE
OK INSTITUTION	Eastern Shor	e St	ate Hospital							S NO
3. NAME OF DECEASED (Type or print)	Fire Maj		Middle Louise		lost Pierce	4. DATE OF DEATH	Man June		Day 21	Year 1959
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF L	JNDER 24 HRS.
Female	White	WIDOWE	DIVORCED		6-17-69		lost birthday) Q() yrs.	Months [Days He	ours Min.
10a. USUAL OCCUPAT	ION (Give kind of work of	lone 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF W	HAT COUNTR
**	lousewife				Maryla	nd		U	.S.A.	
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN N				***************************************	
Willi	am Penn Shad	de			Mary Son	ither	land			
	VER IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO. 17.	INFO	RMANT		Addr	ess		
(16), no. or unknown)	(If yes, give war or dates of se	rvice)	-	RE	CORDS - Eas	tern	Shore Sta	te Ho	spita	1
18. CAUSE OF DE	EATH [Enter only one can	se per lir	ne for (o), (b), and (c).]						INTERVA	AL BETWEEN
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	A	rteriosclerot	ic	Heart Disea	60			ONSET	AND DEATH
420,0			2 002 2000 2020 200						Sev.	yers.
Conditions, if		G	eneralized Ar	ter	insclerosis				Sow	yrs.
gove rise to	immediate (Dur 70		01101 011200 0	002	20002010020				Dav.	YIO.
lying couse lost	g the <u>under-</u>								-53	
Z PART II. O			CONTRIBUTING TO DEATH BL	JT NO	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. V	VAS AUTOPSY
S Ch. Br. Sy	ndrome Assoc	. W.	Senile Br. I	ise	ase, With F	sy. R	eaction.			ERFORMED?
200 ACCIDENT W	VAS LINIDERIVING TI		CRIBE HOW INJURY OCCUR			0				
OR CONTRIBUTION	IG CAUSE OF DEATH									
3 20c. TIME OF INJU		r 20d. IN	NJURY OCCURRED 20e. I	PLACE	OF INJURY (Home, farm,	20f. (City	or town)	ICo	ounty)	(State)
20c. TIME OF INJU	10	While of world	Not while	actory,	street, office bldg., etc.)		13-57	,	(
					9577	Tues	01. 50			
21. I certify 1	thof I offended the	decease	ed from Novem							
olive on Ju	111	-, 19	Z, ond that deal	h oc	curred ot 2:25A				e date s	
ACTUAL	11, 5		•		TI		treet, city or town,			DATE SIGNI
SIGNATURE	Nerve	Ces	me	_M.D.	E.S.S. Hospi	tal, C	ambridge,	Ma.		6-24-59
PHYSICIAN'S NAME (Type)	eorge E. Cw	rier	, M.D.		• 					
220. BURIAL, CREMATI	ON, 226. DATE THEREO		27C NAME OF CEMETERY	OR CR	(A)	354 TOCY	TION (City, town, o	r county)		(State)
Burial	" June 2%	1959	sroot V	ei	w cem	Kis	ings	427	- 1	Md.
23. FUNERAL DIRECTO	R'S SIGNATURE	111	ADDRESS	1	240. REC'E	8Y REGIST		TRAR'S SIG		
amon	16.711-116	lle	Maine S	Ser	nhal DATE	JUN 26	29 (قد المستقدرة	. Firett	

Exercised to the property of t				
Example of the control of the contro				
The second of th		apes, decision		
		125.		
To be a company of the company of th				
The control of the co				
	10 A		TO A DECK OF THE PARTY OF THE P	
		LOS PORTO, WALLEY OF THE		
			The section was faithful or the section of the sect	
	Selection of the territory		manipus to the transport of the second	
	-1-			

06

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06721

CERTIFICATE OF DEATH 6720

Rea Dist No

UIRU	iteg. District
1. PLACE OF DEATHESTER o. COUNTY OF THE STER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATMARYLAND b. COUNDORCHESTER
b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 1b WEEKS	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) BISHOPS HEAD
d. NAME OF HOSPITAL (If not in hospital, give street address) CAMBRIDGE MARYLAND HOSP.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM26 YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) EVA SULLENDE	CR RUARK 4. DATE JUNE 11 Day Year 59
5. SEX FEMALE 6. COLOR OR RACE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH APRIL 24 1885 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during the life, even if retired) OWN HOME	USTRY 11. BIRTHPLACE (Stote or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA
JOHN P SULLENDER	MARY PRITCHETT
M. I I I I I I I I I I I I I I I I I I I	MR RICHARD C RUARK BISHOPS HEAD MARYLAND
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate couse (a), stating the under lying cause lost. (c)	Medletus ?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Hame, form, 20f. (City ar tawn) (County) (State) actary, street, affice bldg., etc.)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W. HHANKS	h accurred at HIJAM, from the causes and an the date stated abave. ADDRESS (Street, city or tom, state) ADDRESS (Street, city or tom, state) ADDRESS (Street, city or tom, state) ATT BR (SEE HARKAN)
220. BURIAL CREMATION. JUNE 11 1959 22c. NAME OF CEMETERS OF DORCHESTER	R MENTPARK 22d. CAMBRITCHE MARYLAND (State)
23 FUNERAL DIRECTOR'S SIGNATURE SERVICE CAMBRIDGE MAR	RYT.AND 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

the registrar priar ta burial, cremation, ar remaval, and in any event within 72 haurs after VS A15 (4) 15M 9/5B

TO HOSPITAL OR

DOBLERSTICK	Capa IVE DO		3818	
	ment arcitum			Money Lo
	word as a source of the st. of	.980	H GLADYAN S	outomitto.
tz asot	THAT HARM	HEDRISCLEVE	**	
17	that is item.		2.710	PERMIT
	CHATEPAN	ane no		GWE FOR
			Name of	
TELEVISION CAST STORES		A ALLANA		
1/1/2 2		201	e di seri	V said

death. Page

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6738

CERTIFICATE OF DEATH

06723

Reg. Dist. No.

o. COUNTY DORCHESTER	MARYLAND	2. USUAL RESIDENCE (WHO O'S MARYLAND)	ere deceased lived. If b. C	institution: Residence be PORCHESTER	fore admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF O		write RURAL and give n	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		177 5.	e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print) ANNIE	JONES .	STEWART	4. DATE OF DEATH	JUNE 29	Pay Year 19 5
S. SEX FEMALE 6. COLOR OR RACE WHITE WIDOWED	DIVORCED	B. DATE OF BIRTH AUG 10, 18	78 9. AGE (1	n years IF UNDER 1 YEA thdoy) Months Days yrs.	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDU WN HOME	STRY 11. BIRTHPLACE (Stote MARY)		12. CITIZEN	USA
13. FATHER'S NAME JOHN JONES		SARAH L	INTHICUM		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes. WOO'r unknown) (If yes, give wor or doles of service)	NONE	MRS W H HAR	RISON CI	Address HURCH CREEK	MARYLAND
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. Conditions, if any, which (b) DUE TO DUE TO CONDITIONS CO	ONTRIBUTING TO DEATH BUT	POT RELATED TO THE TERMI	nal disease conditi	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO DE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IURY OCCURRED 20e. PL	D. (Enter nature of injury in I ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City or town)	1B.)	(State)
	9, and that death	M.D. 136 V <u>CAM</u>	M, from the cau ADDRESS (Street, city of RACE BR. i. D. C. 22d. LOCATION (City	ST. MD , town, or county)	te stated abave. DATE SIGNED (State)
23. FUNERAL DIRECTOR'S SIGNATURE LECOMPTE FUNERAL SERVICE	ADDRESS		150	DREEK MAR) 6. REGISTRAR'S SIGNAT CITCHIA & Kra	

			DONG PARTIES
	CONTRACTOR OF THE PARTY	PELL.	The group mine
DESCRIPTION OF THE PERSON OF T			STORY S
	ADD 10, 1470 B		Arbaije napri
	marin.	2811 950	averament.
	MODEL NO.		Mariotal Month
	MICHENER & SER		
	The Assess	Samuel Samuel	
,,		and the second	
le N'C		A4 /g 11 11 11 11 11	
532			St. 25-750 Marie
644 3			0256-A 1256
CONTRACTOR OF THE PARTY OF		100 100 100	I I MINI PARAMENT

HEALTH DEPT.

tor. Page your files. the Stote E

pages I and 2 with the s certificate should be executed within 24 haurs ofter death, ord "pending" in pencil in them 18. Give Pages 1, 2, and Medical Examiner's Office along with farm PM3. Page 5 if the be used as a burial-transit permit—File pages 1 and 2. ony ex ould be used as a burial-transit permit cremotion, ar its designated agent, prior to burial, TO DEPUTY MEDICAL EXAMINER execute the conficate, writing 4 should be sarded to the TO FUNERAL DIRECTOR: Page

0

2

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6739 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		• • • •							Reg. Dist	. No.		
	CE OF DEATH					2. USUAL RESIDENCE (Where	deceased lived.	If instituti	on: Residenc	e before a	dmission)	
0. 0	_	rchester		MARYL	LAND	o. STATE Maryland b. COUNTY Kent						
ъ. С		autside corporate limits, writ	RURAL	c. LENGTH OF STAY	NIb							
	The second second	nbridge		15yr 6mo 2	lidat				11/V	2.		
d. N			If not in ha	spital, give street address		d. STREET ADDRESS	COMIT		/TA	(0, 1)	S RESIDENCE	
		HORE STATE				R.F.D.	# 2				N A FARM?	
3. NAJ	The state of the s	Fir		Middle			PATE	Month		Day	Year	
	pe or print)	Clare	nce	Oliver		Taylor, Jr.	DEATH	Jun		12	19 59	
5. SEX		6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. 1	DATE OF BIRTH	9. AGE II	n years	FUNDER 1Y	EAR IF U	NDER 24 HRS.	
	ale	White	WIDOWE			ril 3, 1920	lest birth	yrs.	Manths Do	ys Hou	ra Min.	
10a. US	SUAL OCCUPATIO	N (Give kind of wark g life, even if retired)	done 10b.	KIND OF BUSINESS OR II	NOUSTR	11. BIRTHPLACE (Stote or fo	oreign country)		12. CITIZE	N OF WH	AT COUNTRY	
	None	g me, even in territory		•••		Maryland			I	J.S.A	. 18	
13. FA1	THER'S NAME					14. MOTHER'S MAIDEN NAME				260 (11		
0	Clarence	Oliver Tay	rlor.	Sr.		Burleigh No	awman					
15. WA	AS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INI	ORMANT	J (1110042	Address				
Į	Unknown	(ir yes, give wor or ones or	service)		R	ECORDS: East	ern Shore	e Sta	te Hos	spita	1	
18.	CAUSE OF DEAT	H [Enter only one car	se per line	for (o), (b), and (c).					T	INTERVAL BE	TWEEN	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlus					clus	ion			- 77	S MA	DEATH	
1	+201	DUE TO								2 220		
C	anditions, if ar	y, which) (b)							100			
	ove rise to immed), stating the u	iate cause						-				
	cause last. (c)											
3	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDIT	ION GIVE	IN PART 1	(o) 19. WA	S AUTOPSY	
Š		Eoi	lepsy							YES	NO THE	
₩ PRI	O. EXTERNAL CAU IMARY () OF CON LUSE OF DEATH.	SE WAS 20			RED. (Ent	er nature of injury in Part I ar	Part II of item 18	1.)				
WEDICAL 20%	c. TIME OF INJUR	Y Month, Day, Yes	r 20d.	INJURY OCCURRED 20e	PLACE	OF INJURY (Home, farm, 12	Of. (City or town)	-1/ -	(County	r)	(Slate)	
MED	Haur a.m. p. m.	19	White at we	e Not while ork at wark	factor	y, street, office bldg., etc.)						
21	. I certify th	at I took chorge	of the	remoins described	obove	e, held on Autopsy], Inspectio	n 21	Inquiry	П. «	ond in my	
				couses Accide				the same of the sa			,	
	CTUAL	fren	22	2 real		M.D. CHIEF MEDICAL EXAMI	VER 🗆			DAT	E SIGNED	
		1		1	1	ASSISTANT MEDICAL EX	AMINER [
EX NA	CAMINER'S AME (Type)	John M	ace J	r.		DEPUTY MEDICAL EXAM	IINER 🔀		6	/12/5	9	
	MOVAL (Specify)	V. 22b. DATE THEREC	91	Le Viel	MAZ	La Saland 22d	COCATION ICIN	lawn, or	county) -	W	igte)	
23. FUN	NERAL DIRECTOR"	SIGNATURE	2.00	ADDRESS		Q 240. REC'D BY	REGISTRAR 24	b. REGISTI	PAR'S SIGNA	ATURE	-	
1	Tenn	eth t	IN	mas Co	mil	DATE JUN	1 6 '59	a	They & ?	Krossa		
						of met.		111				

	25/25/2012 10/22/3	
A STREET THE PARTY OF THE PARTY		
THE PARTY OF THE P		
property in the form	. Tolyel a 150 man on Carlor.	
Car additional and another and an again to the control of the cont		
	The published on some you	
	Control of the second	
생일 보다 내게 되었다면 보다 보다 그리고 있다면 하다.	more Ct.	
The Committee of the Co	all the second s	
The last term of the la	The state of the s	
	West of the second	
The control of the co		

tificate has been signed by the ottending physician and compl

may be retain the haspital trending physician.

TO FUNERAL DICTOR: After the titicate has been signed by the ottending physician and compage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon page the registror prior to burial, cremation, or remaval, and in any event within 72 haurs after de

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6721

CERTIFICATE OF DEATH

06725 Rea. Dist. No.

					_							
	CE OF DEATH DORCHEST	ER		MARYLA		USUAL RESIDEN		deceosed	lived. If instituti		e before	admission)
CAM	CITY OR TOWN (III) URAL and give ne BRIDGE	f outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAMBRIDGE						
	OR INSTITUTION	AL (If not in hospitol, g NURBING HON	_	oddress)		d. STREET ADDRESS 404 SPRINGHILL AVE					e. IS RESIDENCE ON A FARM? YES \ NO	
	EASED .	ELIZABETH	st	Middle HAYES		TAYLOR	4	DATE OF DEATH	JUNE		Day 9	Yeor 19 5
s. sex	ALE	6. COLOR OR RACE WHITE	7. MARR	DED NEVER MARRIED		N OV. 15	, 18		9. AGE (In years last birthdoy) 72 yrs.		_	Hours Min.
de	SUAL OCCUPATION OF WORK OUSEWIFE	DN (Give kind of work or ing life, even if retired		OWN HOME	INDUSTRY		(Stote or	foreign co	untry)	12. CITIZ	US.	VHAT COUNTRY
13. FA1	TAVT O	R HAYES			1	4. MOTHER'S MA						
15. W/	AS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT	AE SU	ORIE	L Add	ress		
(Yes, no		If yes, give war or dates of se	ervice)	NKNOWN		THURMAN	SHOR	TER	CHABRII		ARYL	AND
g cr ly	334X Conditions, if or love rise to in ouse (o), stoting to ying couse lost.	the <u>under-</u> DUE TO	top			arte Vas						
FICATION				ONTRIBUTING TO DEAT						VEN IN PART		WAS AUTOPSY PERFORMED? YES NO
<u>∞</u> O	R CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	LUKKED. (I	inter noture of inj	ury in Fori	I or ron	II or item to.j			
MEDICAL 300	Hour o. m.	Y Month, Doy, Yes	20d. IN While of work	Not while		OF INJURY (Hom , street, office blo		20f. (City	or town)	(C	ounty)	(Stote
21	. I certify the	at I attended the	decease	ed fram. 11-29	-58		0 6-9	59	, 19	that I las	st saw	the decease
AC SIG	TUAL SNATURE SYSICIAN'S AT AME (Type)	bert E. Bur	Be	M. D.	leath ac	Joo Cambri	Da	DRESS (SII	reet, city or fown,		date s	stated abave DATE SIGNE
220. 80 BU	PRIAL, CREMATION (Specify)	JUNE 12,	195	22c. NAME OF CEMET			22		ION (City, town,	or county) MARYL	AND	(Stote)
	COMPTE F	S SIGNATURE UNERAL SERV	/ICE	ADDRESS CAMBRIDGE	MARY	TLAND DA	REC'D 8	1 5 5	RAR 24b. REGI	STRAR'S SIG		

VS A1S (4) 15M 9/58

SOCIETIES CINE OF STREET LINE STREET AND ST ELTAR PROPERTY SALES THE SEE SEE Hammada Sil reside CHARTEST ZOTTERWIND RESIDENT MARKET TO THE TARTEST OF that the property of the property of the property of the contraction o DEPARTMENT OF THE PARTMENT OF TROOPER VOLUME STATES OF THE PROPERTY STATES

FOR STATE HEALTH DEPT

sary, please tar. Page Health, our files. of

This certificate shauld be executed within 24 haurs after death. If any delay is incess word "pending" in pencit in Item, 18. Give Pages 1, 2, and the funeral if Medical Examiner's Office along with farm PM3. Page 5 in the retained for you'd be used as a burial-transit permit. File pages 1 and 2 with the State Baard burial, crematian, ar removal, and in any event within 72 haurs after death. 06 Sirate, writing word "sirated to the first Media KECTOR: Page 3 snauld be ed agent, priar to burial, a

TO DEPUTY MEDICAL 4 should be TO FUNERAL DIRECTOR OF 15 designated of VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6722 Reg. Dist. No.

		COUNTY DO	rchester			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester				
			utside corporate limits, write I	tURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	-	NAME OF HOSPITA			ital, give street oddress) ospital	Cambridge, Md. d. STREET ADDRESS 222 High St. e. IS RESIDE ON A FAI YES ON YES				
	1	NAME OF DECEASED Type or print)	Robert		Middle Lee Til	lery	4. DATE OF DEATH	Month	Day	Yeor 19 50
	5. S	Male	6. COLOR OR RACE	MARRIED	NEVER MARRIED [8	DATE OF BIRTH	12, 1885 73	GE (In years IFUN Month	DER TYEAR	IF UNDER 24 HRS. Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister 13. FATHER'S NAME 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Church						CE (Stote or foreign country ginie MAIDEN NAME	12.	US A	WHAT COUNTRY?
1		Dudley !	Fillery			Mami	e Tillery			
	15. Yes	WAS DECEASED EVE	R IN U. S. ARMED FORCE	CES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT		Address		
1		No		216-	-40-4638A M	rs. Ro	bert Tiller	y Cambi	ridge	Md.
*	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: This experiment of the course per line for (o), (b), and (c).]									
			MMEDIATE CAUSE (0)	Inte	estinal obst	ruction	n .			3 days
		153.8	DUE TO	Come	tnome colon					
		Conditions, if on gove rise to immedi	ote couse	Care	cinoma colon					?
		(o), sloting the un	nderlying DUE TO							
)	CATION		R SIGNIFICANT CONDI	TIONS CON	NTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN		PERFORMED?
~	CERTIFIC	20a. EXTERNAL CAUSE PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of inj	ury in Port I or Part II of ite	ım 18.)		YESAE NO []
	MEDICAL									(State)
		21. I certify the	ot I took chorge	of the re	emains described obo	ve, held an	Autopsy X, Inspe	ction . Inc	quiry 🔲	, ond in my
		opinion death r	0		ouses 🗓, Accident [], Suicide	, Homicide	, Undetermine	d monne	er 🔲
4		ACTUAL SIGNATURE	John 2.	110	af .	_M.D.	EDICAL EXAMINER			DATE SIGNED
2		EXAMINER'S NAME (Type) DY	T 3 24		r.		MEDICAL EXAMINER MEDICAL EXAMINER	6/24/59	9	
	220	BURIAL, CREMATION REMOVAL (Specify) Burial	6/26/59	1	22c. NAME OF CEMETERY OR Bethel Come			(City, town, or coun	(7)	(State)
		FUNERAL DIRECTOR'S			ADDRESS	202	Cambri 240. REC'D BY REGISTRAR	248. REGISTRAR'S	SIGNATUR	id.
	S	t.Clair	FuneralHo	me	Cambridge,	Md.	DATE JUL 6 59	Circhag	J. May	4

and participated the state of t			Manager of the state of the sta	
			100	
		Total Just de	net rich einzen aus	
		eter (sant		
	Fall His . Si . von		mornes - a left w	
		de cuite	Total A	
	a Lynn, 17 sins			
ter s				
			or a product to provide	
			a Miles	
0.048		and the	es me i de grand	
	of delication at the same			

CMARRIDGE

page 3 shauld may be retain TO FUNERAL D VS A15 (4) 15M 9/5B

the

e. IS RESIDENCE

Day

YES NO NO

19

Reg. Dist. No

APRIL 2	_	379		(In years bishdoy) yrs.	Months	Days	Hours	Min.
R CO	ACE (State	-	country)			USA	WHATC	OUNTRY?
14. MOTHER'S		IAURA	RO	BBINS	5			
MRS GEO	ORGE	BENNE	TT	CAN	BRID	GE	MARY	LAND
Sclon	on on	The	ou	ubo.	ris		ERVAL BE	
IT NOT RELATED TO					EN, IN PAI	RT 1(o) 1	9. WAS A PERFO	NO [
PLACE OF INJURY (actory, street, office	Home, farm bldg., etc	20f. (City	y or tow	n)		(County)		(Stote)
	1 A	M, from ADDRESS (S	the co	uses an	Mat I lo	ast sav	v the destated	above signed
	ARI	BR		6E	1	id		
OR CREMATORY CEMETERY		HU.		I MAF		D	(Stote)
MARYLAND		D BY REGIS		24b. REGIS	trar's si			
X (b)	4.12							

REVEROGRADO DE CALL			8878	
	PELANTE PE			
			HOLYS ADM	
SECTION	10	pation 6	20/10/04	
SVA. CKS TO	ear los	.9508	CHATTERN SON THE	an T
			CUTAVOIL	
, 1979 - 80 .	IS THE		Torne 1	MATERIA
ASH CYALLYT	all 00 }	er dzilo a citā		STEEDS AS
atnessa Ladar "	WORLS		7006.10T 104X	
CANNAL ENGINEERS TENNINER SID	HORO SEC			
25 2/9			2 1 1 1 2	
3 ETEC + 3 3 6 1 4	0	27/24	多数 子次	
CONTROL LA SULLINIA DE LA CONTROL DE CONTROL		32		
LOH BAG SAIH				
GENERAL EDECTION				

	67	24	CERTI	FICA	IE OF DEA	ın		Reg. Dist	t. No.	
o. COUNTIES	STER		MARY	LAND	2. USUAL RESIDENCE	(Where deceas	ed lived. If institut b. COUNTY	ion: Residence DORO	HEST	idmission) ER
CAMBRE	(N (If outside corporate lim	its, write	c. LENGTH OF STAY	AYS	C. CITY OR TOWN HOOPERS		orate limits, write l	RURAL ond gi	ive neares	t town)
CAPERIDGE	SPITAL (If not in hospital, MARYLAND I	HOSP	ddress)		d. STREET ADDRESS	S	MASE.			S RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	SAMU	äL.	Middle		TYLERLost	4. DATE OF DEATE	, jűk	港	114	Yeor 59
S. SEX MALE	6. COLOR OR RACE WHITE	WIDOWED	, C. S. F.	• 🗆		376	9. AGE (In years lost birthdoy) 83 yrs.	Months I		UNDER 24 HRS.
WATERM	ATION (Give kind of work	done 10b. K	SEAFOOD	R INDUST	MARYLA!	tote or foreign	country)		IEN OF WI	HAT COUNTRY?
13. FATHER'S NAME	BENJAMIN TY	ER			ELIZA ME					
1S. WAS DECEASED (Yes.)(Or unknown)	EVER IN U. S. ARMED FO		NONE		FORMANT ACKLEY TYLI	ER FIS	HING CREE	K MA	RYLA	ND
	DEATH (Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (100	for (o), (b), and (c).	1	Namo	-sl	ae.			AL BETWEEN
446 Conditions,	DUE TO	a	terro	·	lero	-	8			10
	o immediate DUE TO	,	ler. (1	rep	linte	2				
PART II. PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	OTHER SIGNIFICANT COM	IDITIONS CO	ONTRIBUTING TO DE.	ATH BUT I	NOT RELATED TO THE TE	ERMINAL DISEA	se condition gi	VEN IN PART	F	WAS AUTOPSY PERFORMED? ES NO
	WAS UNDERLYING A CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY O	CCURRED	. (Enter noture of injury	in Port I or Po	ort II of item 1B.)			
20c. TIME OF IN Hour o. p.		20d. INJ While of work	Not while of work		CE OF INJURY (Home, ory, street, office bldg.,		ty or town)	(Co	ounty)	(Stote)
21. I certify	that lattended the	decease	_	2_death	, 19.54, ta occurred at 41	of 14				he deceased
ACTUAL SIGNATURE	1179	Ca	uks		1.0. 10 4		Street, city or town		6	DATE SIGNED
PHYSICIAN'S NAME (Type)	We Holly	1NN	cs. M.	2	Cai	whi	Je M	R		7.5 /
BURNAT (Spe	ATION, 22b. DATE THERE	5, 195	HOOSIEF	ETERY OR	CREMATORY ORIAL CEM.		KTION (City, town,		ARYL	(Stote) AND
LECOMPTE	TOR'S SIGNATURE	TCE	ADDRESS CAMBRIDGE	MAR	240. F	REC'D BY REGIS	STRAR 24b. REG	ISTRAR'S SIG	NATURE Trans	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed **D FUNERAL DESCIOR**: After the frificate has been signed by the ottending physician and campingge 3 shauld be detached far use as the burial-transit permit. Then please remave carbon popers attending physicion. by the hospital TO HOSPITAL OR TO FUNERAL D VS A1S (4) 1SM 9/58

death. Page 4

thin 24 haurs

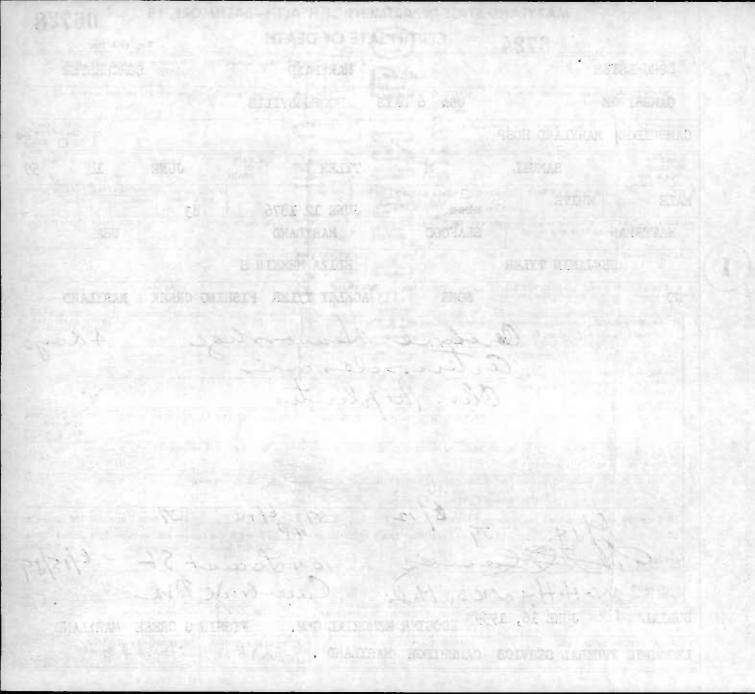
y filled in by the funeral director, Pages 1 and 2 shauld be filed with

Then please remave carbon popers.

the registrar priar to burial, cremation, or removal, and in any event within 72 hays after

death.

M



cute the certificate, writing the forwarded to Chief Medi TO FUNERAL STRECTOR: Page 3 30 or removel.

VS. A15ME(5) 5M 9/55

杨

1	U	1	4	y

MA	RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	116729
6725	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No.	

1. DORUMEATER MARYL	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATERYTAND b. COUNDORCHESTER					
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 3 HOURS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAMBRIDGE					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) NATIONAL CAN CO	d. STREET ADDRESS 1.6 ACADMEY STREET o. IS RESIDENCE ON A FARM? YES \(\sum \) NOMES:					
3. NAME OF DECEASED (Type or print) MILFORD PAUL	WEBSTER 4. DATE Month Day Year OF DEATH JUNE 12, 19 59					
MALE WHITE WIDOWED DIVORCED						
100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN COINED) LABORER LABORER	NDUSTRY 11. BIRTHPLACE (Stote or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME JOHN WEBSTER	14. MOTHER'S MAIDEN NAME LENA EWELL					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 214 07 8210	17. INFORMANT Address MRS HELEN WEBSTER CAMBRIDGE MARYLAND					
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A cute myocs	ardial failure Interval Between onset and Death 5 Min.					
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	erotic C-V disease. ?					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES A NO					
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ED. (Enter nature of injury in Port 1 ar Part II of item 18.)					
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour o. m. While of work of work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (City or town) (County) (State)					
21. I certify that I took charge of the remains described death resulted from Natural causes . Accident .	Suicide , Homicide , Undetermined cause . DATE SIGNED ASSISTANT MEDICAL EXAMINER .					
NAME (Type) John Mace Jr. 22Brighth Cremation. 225TONE Herrof, 1958. NAME OF CREMETER 22Brighth Cremation. 225TONE Herrof, 1958. NAME OF CREMETER	DEPUTY MEDICAL EXAMINER M 6/13/59 Y. OR CREMATORY ER MEN PARK CAMBRIDGE MARYLAND (Stote)					
23 LECTOMPTE FUNERAL SERVICE CAMBRIDGE M	ON DILLIDOR PRICEIND					

The same and a self-free Lange Found in the self-The track of the fact of the control of the control